

## Public Comments Received for Second Comment Period

Below is the table of comments on transition plans received during the period of 06/13/16 to 07/13/16.

**Comments for Home and Community Based Services (HCBS) Waivers Statewide Transition Plan (STP)**  
**Second Version Public Comments 06/13/16 to 07/13/16**

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1	6/13/16	Just like with everyone there is not a one size fits all solution. My son has severe behaviors. He cannot reside with a lot of other people. Even at home with just his mother and father he gets overwhelmed and gets violent. He has ocd and does not tolerate certain household noises. We avoid sudden changes like flipping on lights to name one. Please reconsider the herding of this population they deserve a life like "normal " people!!!	No action needed	This issue is not a part of the STP. The purpose of the STP is to ensure that members have full access to the greater community to the same degree as individuals not receiving Medicaid HCBS.
2	6/16/16	I do not understand the pay why should the parent's make more money than the worker if the parent's would hire workers maybe some could go to work but most of these parents don't want to work they "depend" on the money and they shouldn't and why shouldn't they pay fed taxes how much money do they want maybe if these parents would work and not ask for more and more money then maybe more people could get on the programs and the parent's should only be paid for 40 hours a week	No action needed	This issue is not a part of the STP. The purpose of the STP is to ensure that members have full access to the greater community to the same degree as individuals not

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		<p>not 52 or 56 most people who work only work 40 hours a week why should they bill while their kids sleep I work through Ppl and I get 40 hours per week but I see people complain on these groups that they lose hours they went from 60 hours to 50 somehow much money do they want the normal family works 40 a week and you have some families the husband has a job and the mother stays home to take care of a disabled child and they he 50 some hours a week and mileage they are making damn good money I think they need to look at the family income as a whole like if you sign up on food stamps that would give the State a guide line as to how much their budget would be the girl I work with the mother gets 20 hours a week and I get forty I think the workers should make more than the parent's because that is our job but there are so many parents that don't want to hire a worker because they don't want to give up their money</p>		receiving Medicaid HCBS.
3	6/28/16	<p>Identifying information redacted:</p> <p>As the Parent and Legal Guardian of a Mentally Challenged Son I would like to State the reasons it's so important for my Son to remain in his 2nd Home....XXXXXI in XXXX, WV.....XXXX calls it his "Home"...</p>	No action needed	The purpose of the STP is to ensure that members have full access to the greater community to the same degree as individuals not receiving Medicaid HCBS. West Virginia

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		<p>They have their own rooms....</p> <p>They have their own TV's</p> <p>They can have their own personal items in their room....</p> <p>They have caring Staff that fix them good nourishing meals....</p> <p>They are kept clean and looking good....</p> <p>They have a nice yard that they can walk around in....</p> <p>They have a picnic pavilion with picnic tables and Basketball court....</p> <p>They can sit outside without fear of being bothered by Druggies that live in the low-income apartments....</p> <p>They are transported every day to the work center where XXXX attends DayHab as he does not function well enough to be in a workshop setting .....He would not qualify for employment as XXXXX Hospital diagnosed XXXX with XXXX ....</p> <p>The area of his XXXXX that is damaged is XXXXX ... That is why He will never be able to live on his own....</p> <p>They have 24-hour staffing...</p>		<p>has determined that more than 4 individuals with Intellectual and/or Developmental Disabilities living together constitutes a congregate setting. Through on-site visits, BMS is working with those provider agencies to develop transition plans for some of the individuals in those settings. Some agencies have chosen to break their 6 or 8-person group homes into smaller 3 or 4-person settings in order to comply.</p>

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		<p>They can have visitors at any time....</p> <p>They and mostly My Son do not adapt well to moving to a new environment and would create Havoc in his life....This has happened before, and it was a nightmare until we got him back to XXXXX....</p> <p>It is just a wonderful arrangement for our Guys ...</p> <p>So please let them remain in their "Home" where they can be Happy and in a Safe environment.....</p>		
4	6/30/16	<p>My sons are part of the IDD waiver program. Since the recent changes that have occurred, this has caused more regression with them, due to lack of services that they were previously receiving as opposed to what they have been cut to now under the newest revisions. Our boys are severely autistic. They require 24/7 care every day and night at all hours. They have issues with sleep, even on medication for it. We previously was receiving 8 hours per day of PCSF and 144 hours or respite per month. Now it has been reduced to 5 hours if PCSF a day and</p>	No action needed	<p>This issue is not a part of the STP. The purpose of the STP is to ensure that members have full access to the greater community to the same degree as individuals not receiving Medicaid HCBS.</p>

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		<p>2.5 hours of respite per day. In turn this means dramatically reduced time to be able to work on independent living skills and community skills that they so greatly need. In turn because of these cuts, their dependency on others has significantly risen and their Independence has went backwards. I understand from previous comments that have been made by public employees thru leading agencies for the waiver program, that this is not a means for not seeking employment for the care givers. However since the dramatic reduction in hours, it has been even more difficult to try to support my Family. I live in a very rural area, like a lot of people in this State. The closest descent jobs are over an hour on way, away from my home. I can't even make a round trip to have a job in the hours that are allowed for respite providers while they are in the home. I don't have family or friends that can just watch my boys, because of the children's disabilities. My family doesn't even remotely live near us to be able to access them for help. My boys have had twice the demands placed on them, which has caused them undue stress and also has caused more behaviors to arise, because they are having to do more in less time. However I do believe</p>		

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		<p>this is a great program, but the areas that were cut, weren't the correct areas that needed to be. If my children were in an institution, which is something I hope never has to be done, they would be taken care of 24/7 and all staff would be paid. Unfortunately with the cuts that families are taking, it is driving us back into the institutional way of thinking. Families can't afford the cuts that were made. One last thing, families should be looked at on more of an individual basis. Our boys are 17 and have completed all academic requirements by the State board of ed. Yet we are stuck in a hole because they are not 18. They are with us all of the time, special services workshops in the area are not adequate for them. So now we can't even get any extra assistance because of their age. Thanks for hearing my comments and I hope this helps and look forward to a brighter future for the waiver program and the families involved.</p>		
5	6/30/16	To Whom It May Concern:	No action needed	This issue is not a part of the STP. The purpose of the STP is to ensure that

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		<p>First off I would like to thank you ahead of time for reading, listening and acting upon my concerns.</p> <p>I have several issues I would like to address about the changes on monthly reports (i.e., PALs) with Personal Options of WV. I am very concerned about the amount of time that is being taken away from the client in order to fulfill the demands that have been placed upon the caretaker for extra/tedious paperwork. It is overwhelming and can be quite confusing – in addition to very time consuming.</p> <p>I am concerned as well about the respect received from those demanding all this additional information/documentation – we should be concentrating on those that care is to be provided for; not paperwork. We are not an institution, nursing home, medical facility, etc. We are people who love doing what we are doing in order for those less fortunate to be able to continue to enjoy the comforts of their home.</p>		<p>members have full access to the greater community to the same degree as individuals not receiving Medicaid HCBS.</p>

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		<p>Information that is now asked for on the PALs is Essential Errands/Community Activities/Date/Start/Stop Time/Miles Traveled/How Much Time Spent Driving/Essential Errand Time Spent/Community Activities Time Spent/Was Person With us/Wellness Scale, etc. Seriously? If a worker is asking for mileage for taking the client out, then let them turn in the mileage form for this – which then should include day traveled, mileage, purpose, etc. But don't require those of us who don't ask for it to be required to complete this useless and unnecessary information on the PAL. This should have been left alone; using the generic form which Personal Options developed and works great; it is much easier to follow and flow with. Why change something if it is working already? Why take something so simplified and make it much more difficult?</p> <p>In the training packet now we are expected to know somewhat as well what the RN and Resource Manager is required to do. Really? How does that apply to us focusing on providing care to the individual we are responsible for?</p>		

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		<p>It is their job to know their own work requirements along with their supervisor/manager. Not the caregivers. We are caregivers in the home and should not have to be concerned about whether the RN or Resource Manager is doing their job.</p> <p>Another request I would like to see changed would be the First Aid/CPR re-certification. Why not require that every three to five years instead of every two years? Nothing seems to change there so that would also help the caregiver with their time needed with the ADW.</p> <p>I would love for you to reconsider the monthly PALs and go back to what the Personal Options Program for West Virginia was using. Not this ridiculous form! Again, I want to stress: we are providing care in the home; NOT in a nursing home, hospital, medical facility, etc.</p> <p>I am confused as well as to why our Resource Consultant is expected to print out all these documents monthly, put them in envelopes and address</p>		

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		<p>them to us including mailing them to us, etc. When does he/she have time to do their real job? And how is this saving the State money? We could print out the monthly PALS on our own before – and it was only two simplified pages. Please resort back to the earlier version for us. This way it won't cost the State much and sure saves aggravations and frustrations on this time-consuming ridiculous form. Give us some respect and appreciation – make us feel valued. That is our goal to those we provide care for and would certainly hope you all would feel the same way to us. We love our jobs. Please don't take the pleasure out of it for us.</p> <p>Personal Options is a separate model from the Traditional Model and that we should not have the same paperwork. You have made the Personal Options program much more difficult in regards to paperwork and accountability measures, not easier! If it's not broke, why fix it? Work smarter, not harder!</p> <p>Thank you so much for your time and looking into this for us. Let's go back to</p>		

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		<p>our previous way of doing things including the Annual Training.</p> <p>I greatly appreciate your consideration and making these changes to make it easier on us so that we can focus solely on caring for the patient/client.</p>		
6	7/1/16	<p>[West Virginia Advocates] WVA does not feel there was adequate notice as evidenced by low attendance at public forum. Public forums should have been held at several locations throughout the State.</p>	No action needed	<p>BMS has followed the CMS requirements for soliciting two forms of public input which included the public advertisement and the public forum. BMS also solicited additional public input through flyers sent to every provider agency announcing the public comment period to share with the members they served as well as posting it on the BMS website and providing a telephone number</p>

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				for additional assistance.
7	7/1/16	The proposal to create a cross-disability workgroup is potentially helpful but the STP includes no evidence that this workgroup has been convened, what its membership is, whether it is playing an active role and has influenced the transition process at all.	No action needed	At this time no issues that apply to all three waivers (ADW, TBIW and IDWW) have been identified. If and when an issue is identified, then a group comprised of individuals receiving services or their family members from all 3 waiver programs will be developed.
8	7/1/16	The Lewin report does not clearly address silences in the State regulations for compliance. The ADA requirement is not based on accessibility for each individual.	No action needed	Version 1 of the STP did not clearly address this issue, but Appendix B of the second version that was out for this public comment does address these issues and is an expansion of the information found in the Lewin document.
9	7/1/16	Lewin identified several shortcomings in the person-centered planning process and conflict of interest in WV waivers. The person-centered planning process	No action needed	Version 1 of the STP did not clearly address this issue, but Appendix B of the

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		is separate and should be compliant with 2014 regulations.		second version that was out for this public comment does address these issues and is an expansion of the information found in the Lewin document.
10	7/1/16	The State proposed only licensed settings and it is not clear whether other settings are all home based or might be in locations that are provider controlled but not necessarily licensed.	No action needed	CMS requires that only settings that are owned or leased by provider agencies be reviewed.
11	7/1/16	The State is using mandatory provider self-assessments with validation through onsite visits and participant survey. The setting questions for the ADW/TBI waiver raise many questions based on the State's Stated claim that all services occur in individuals' community-based homes.	No action needed	The State is not aware of any ADW/TBIW services not occurring in individual community-based homes or while participating in essential errands or community outings. No other settings are approved for ADW or TBIW.
12	7/1/16	Self-assessment questions should specify all individuals, not just individuals. There are no specific questions on visitation, freedom to decorate, accessible transportation, or	No action needed	The self-assessment questionnaire was completed by individuals and other stakeholders and by providers during the

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		details about a setting's efforts to support integration in the community.		initial phases of the development of the State transition plan. It is no longer in use and the information gleaned from these surveys was incorporated into the State Transition Plan.
13	7/1/16	It is not clear the extent the survey provided provider-specific data or whether the State used it to verify provider self-assessments.	No action needed	Both these issues are covered in the Protocol, Sections 3 and 4, beginning on page 157 of the document.
14	7/1/16	The State had no real control over who completes the survey or responses.	No action needed	The member survey was voluntary, and it would have been a violation of the individual's rights to mandate the completion. The provider survey only needed to be completed if the provider owned or leased any settings. The Office of Health Facility Licensure and Certification provided a list of all provider owned or leased

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				settings and BMS did a cross-check.
15	7/1/16	The State's process seems to oversample settings that the State can expect may have more compliance issues, while validating settings that reported being more compliant. The State should have a process to expand on-site reviews if they identify discrepancies between on-site reviews and self-reported responses.	No action needed	There is such a process to expand reviews if necessary. It is included in the Methodology in the Methodology (Pages 13, 14 and 15) and in Section 2 of the Protocol (page 156)
16	7/1/16	Key details on the nature of the on-site review are missing or problematic. It is not clear why future visits are unannounced while initial visits are announced.	No action needed	The protocol States that initial reviews are announced and that subsequent reviews may be announced or unannounced.  The Administrative Services Organization (ASO) now known as the Utilization Management Contractor (UMC) will conduct visits in conjunction with their annual reviews.
17	7/1/16	Heighted scrutiny is not accurately described in the STP. The criteria the	No action needed	This item is covered in the Protocol, Section 8 (page 166)

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		State is relying on to identify HS settings are unclear.		
18	7/1/16	The STP does not detail who BMS may consult as part of the review of all provider compliance plans. No clear oversight process to ensure approved STPs are implemented timely fashion.	No action needed	This is covered in the Protocol, Section 4 (page 157)
19	7/1/16	There is no clear timeline for when individual participants must be provided notice about provider disenrollment. The plan does indicate BMS will disenroll providers after 45 days but having the provider lead the process is not going to ensure person centered planning.	Change	The protocol will be amended to include the following (page 160): "The Provider will have 10 calendar days from the date of its notification of disenrollment to notify all participants of the disenrollment and actions the provider will take to ensure person centered planning."
20	7/1/16	The description in the STP of coming changes in the quality assessment process is vague, poorly described and lacks meaningful detail.	No action needed	The State Transition Plan does not specify coming changes in the quality assessment process, as BMS does not anticipate any substantive changes.

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21	7/1/16	The State has not considered a review of its rate structure and need for additional resources to it shifts to integrated day habilitation and supported employment models.	No action needed	This issue is not a part of the STP. The purpose of the STP is to ensure that members have full access to the greater community to the same degree as individuals not receiving Medicaid HCBS.
22	7/1/16	The participant survey questions are the only section not derived from the exploratory questions. Such questions need to be simply worded and are vague.	No action needed	The participant survey questions are based on the exploratory questions and are designed to verify or dispute the Site Review item.
23	7/1/16	The STP never addresses how the State will assess and ensure all individuals are provided an option to receive services in a non-disability setting.	No action need	As part of the IDWW Individual Program Plan process, setting options are identified and documented and are based on the individual's needs, preferences, and for residential settings (owned or leased by a provider agency) within the individual's resources.

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24	7/1/16	As of yet, no webinars, FAQs or fact sheets are available on the BMS website. We are nearly half way through the transition planning period and no significant outreach has happened.	No action needed	The completion date for the outreach and education items is 12/1/16 or later. They are in the development stage and will be completed by that date.
25	07/13/16	What means will be used to continuously survey agencies, individuals and families regarding settings in which services are provided?	No action needed	This is contained in the Protocol section of the State Transition Plan, beginning on page 156. Reviews are conducted annually, with follow-up visits, when an agency is out of compliance.
26	07/13/16	What training has been provided on training needed for those receiving services?	Change	The completion date for these items has been changed to 2/28/2017. The training to the Office of Health Facility, License and Certification, the IDW Quality Council and the Utilization Management Contractor (formerly known as the ASO) is in the development

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				stages and will be presented after the on-site surveys are completed.
27	07/13/16	What progress has been made on developing training on person-centered thinking or community inclusion?	Change	Each of the new Waiver policy manuals State that a person-planning approach must be utilized. Trainings have been offered and more will be offered. The link to CMS containing information regarding settings and person-centered planning will be added to the BMS Website.
28	07/13/16	The end date for updating Member Handbooks should be a known date.	No action needed	The date given in this document for the completion of updating Member Handbooks is 3/31/17 (page 9). The ADW member handbook was updated in 12/15, the TBIW member handbook was updated in 8/16 and the IDDW member handbook

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				was updated in 12/1/15.
29	07/13/16	There should be an end date for modifying regulations, so providers and others know whether or not they are being met.	No action needed	See page 10 of the document. The end date is given as 5/1/18.
30	07/13/16	The development of a plan to manage non-compliance and how it will be connected to the quality improvement system should have a completion date.	No action needed	The date given in the Methodology section of the document for this item is 4/3/16. This item has been completed and is in the Protocol, Section 4 on page 157.
31	07/13/16	What steps have been taken to develop a housing strategic plan thus far; what criteria and parameters are being used?	No action needed	The completion date for this action item is on-going and will be completed after the on-site reviews have been completed.
32	07/13/16	Who constitutes the stakeholder group?	No action needed	These are identified in items 3 and 4 of the Stakeholder Engagement and Oversight section (page 132).
33	07/13/16	Is there a date by which the provider remediation date requirement must be met?	Change	The date has been changed from 9/30/16 to 3/31/17. The date

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				may vary from provider to provider based on when the on-site review occurs, and the plan of compliance is approved. The date in the draft plan on page 7 has been changed from 9/30/16 to 3/31/17.
34	07/13/16	What progress has been made in the past year regarding development of strategies for moving away from congregate date time settings?	No action needed	BMS assumes that this comment is referring to “day” not “date”. Congregate day time settings are not addressed in the State Transition Plan, however, the IDD Waiver program has policy regarding this issue. The STP does address congregate employment settings.
35	07/13/16	What communication strategy has been developed for ongoing communication on the implementation of the transition plan?	Change	BMS will add a quarterly update to the BMS IDD waiver website and continue to update the QIA Councils and the

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				providers at the quarterly meetings.
36	07/13/16	No identifiable information is given on the BMS website to alert a viewer of the CMS link contains materials related to settings and person-centered planning.	Change	The link to CMS containing information regarding settings and person-centered planning will be added to the BMS Website.
37	07/13/16	Action Item 6 has shown this is minimally met from experience. There is no method for sharing this information with other stakeholders who use waiver services.	No action needed	All stakeholders and any interested party have access to the public notices, and the State Transition Plan via the BMS HCBS website.
38	07/13/16	The ongoing end dates for the second version of the State's transition plan is troubling.	No action needed	Action items such as monitoring must continue 'ongoing'/indefinitely in order to assure continued compliance with HCBS requirements and to assure the safety and rights of members.
39	07/13/16	All action items should have a final end date to ensure the system as a whole transitions in a timely fashion to compliance with HCBS requirements.	No action needed	Action items such as monitoring must continue 'ongoing'/indefinitely

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				in order to assure continued compliance with HCBS requirements and to assure the safety and rights of members.
40	7/13/16	The Plan presents positive direction for integration. Our fears are the actual implementation processes which are not outlined and the new or additional interpretations which may be generated while initiating and completing action items.	No action needed	Reviewers will follow the protocol for implementation as reflected in the Plan.
41	7/13/16	Many of the items are vague and subsequent interpretations could result in myriad of results. Agency does not want to be confrontational with BMS, we do wish BMS would be clearer in directives and more informed about what happens within the waiver program as it would help BMS be more relative in a State of small, poor communities with older population.	No action needed	Reviewers will follow the protocol for implementation as reflected in the Plan. The Plan is as specific as possible while allowing for the many variations of community settings.